

correcting an ailment by the refusal of the patient to submit to the proper treatment cannot be held liable for resulting damages. Where the patient is incompetent to speak for himself, and the members of his family refuse to permit an operation or other proper treatment, the physician is relieved from liability for the course pursued or other injuries resulting from failure to apply the treatment.

**Failure to Return for Treatment.** A patient who, after receiving treatment, fails to return to have the entire course of treatment completed, is guilty of contributory negligence. In other words, his own act has contributed to his injury. However, it should be stated that if the patient's failure to return is a result of his discovery that his condition is not improving because of the physician's negligent treatment, the patient may go to another physician for proper treatment and still hold the first liable for such injuries as had occurred prior to the change.

Generally speaking, negligence of the patient will bar any action based upon the negligence of the physician on the theory that the negligence of the patient supervenes that of the physician. However, it has been held that if both the physician and the patient have been negligent and the injuries due to the respective negligence of each can be separated, the physician is liable for the injuries due to his own want of skill or care. It has further been held that where the liability for negligence on the part of the physician has already been incurred, subsequent negligence of the patient which merely aggravates the injury does not discharge the physician from liability for such damage as would have occurred regardless of the patient's act.

Some cases have held that a physician may not be held liable for injuries resulting from an operation performed at the insistence of the patient despite the physician's advice that it is unnecessary and improper. Thus, it has been held that where the patient did not consult his surgeon as to the propriety of bleeding him, but only required the performance of the manual operation, there was no liability. However, a physician should always be wary of patients who have definite convictions as to what form of treatment they want. When actually faced with injury, such a person may state that the treatment itself was negligently performed or even take the position that he did not really give any directions, but that the act was done upon the suggestion of the physician and acquiesced in by the patient because of his reliance on the physician's superior knowledge. It is suggested that whenever a physician is asked to perform an act which is against the physician's best judgment, the patient should be sent elsewhere. At least a physician should obtain a written statement from the patient to the effect that he is receiving the treatment against the physician's advice.

Finally, there are instances in which a physician secures from a patient a writing in which an attempt is made to have the patient assume all risk. It must be remembered that even though such a writing is obtained and may have the effect of eliminating liability in so far as the choice of the method of treatment is concerned, nevertheless, a liability for negligent performance of the treatment will remain. A physician cannot eliminate by contract liability for his negligence. Thus, it has been held that where a patient was warned that danger attended the use of x-rays and the patient agreed to assume the risk, such assumption would not be deemed to cover the operator's negligence.

Generally, it may be said that the rules of contributory negligence are mere expositions of a rule of fairness. However, occasions may arise in which an act that appears fair and reasonable to the physician may not appear as such to a court or jury. For that reason, a physician should always keep in mind the general directions of the law in reference to the conduct which may be expected of the patient.

## ENDOCRINOLOGY: A CRITICAL ANALYSIS\*

By EDWARD H. RYNNEARSON, M. D.

Rochester, Minnesota

### Suggested Reading

#### THE PITUITARY

1. Atkinson, F. R. B.: Acromegaly, from a study of the literature 1931-1934, *Endokrinologie*, 17:308-320, 1936.
2. Atkinson, F. R. B.: Acromegaly, description of papers reported in 1935, 1936, 1937, *Endokrinologie*, 20:245-257, 1938.
3. Barker, L. F.: A case of hypophyseal dwarfism (nanosomia pituitaria) probably due to cyst or benign neoplasm originating in residues of the ductus craniopharyngeus; discussion of the probable functions of the different types of cells of the adenohypophysis, *Endocrinology*, 17:647-657 (Nov. and Dec.), 1933.
4. Blumgart, H. L.: The antidiuretic effect of pituitary extract applied intranasally in a case of diabetes insipidus, *Arch. Int. Med.*, 29:508-514 (April), 1922.
5. Canelo, C. K., and Lissner, H.: A case of diabetes insipidus controlled with powdered pituitary posterior lobe extract applied intranasally, as snuff, *California and West. Med.*, 42:178-180 (March), 1935.
6. Campbell, James, and Best, C. H.: Production of diabetes in dogs by anterior pituitary extracts, *Lancet*, 1:1444-1445 (June 25), 1938.
7. Choay, André, and Choay, Lucie: Traitement du diabète insipide par des inhalations d'extrait de lobe postérieur d'hypophyse, *Rev. neurol.*, 1:267-269 (Feb. 7), 1924.
8. Costello, R. T.: Subclinical adenoma of the pituitary gland, *Am. J. Path.*, 12:205-216 (March), 1936.
9. Courville, Cyril, and Mason, V. R.: The heart in acromegaly, *Arch. Int. Med.*, 61:704-713 (May), 1938.
10. Croke, A. C.: A change in the basophil cells of the pituitary gland common to conditions which exhibit the syndrome attributed to basophil adenoma, *J. Path. and Bact.*, 41:339-349 (Sept.), 1935.
11. Crowe, S. J., Cushing, Harvey, and Homans, John: Effects of hypophyseal transplantation following total hypophysectomy in the canine, *Quart. J. Exper. Physiol.*, 2:389-400, 1909.
12. Dohan, F. C., and Lukens, F. D. W.: Persistent diabetes following the injection of anterior pituitary extract, *Am. J. Physiol.*, 125:188-195 (Jan.), 1939.
13. Evans, H. M., and Riddle, Oscar: Quoted in: The pituitary gland; an investigation of the most recent advances. (Published for the Association for Research in Nervous and Mental Disease.) Baltimore: Williams & Wilkins Company, Vol. 17, 764 pages, 1938.
14. Farini, A., and Ceccaroni, B.: Influenza degli estratti ipofisari sull' eliminazione dell' acido ippurico, *Gaz. d. hôp.*, 34:879-882, 1913.
15. Fisher, Charles, Ingram, W. R., and Ranson, S. W.: Diabetes insipidus and the neurohormonal control of water balance; a contribution to the structure and function of the hypothalamico-hypophyseal system. Ann Arbor, Michigan: Edwards Brothers, Inc., p. 121, 1938.
16. Goldzieher, M. A., and Koster, H.: Adrenal cortical hyperfunction, *Am. J. Surg.*, 27:93-106 (Jan.), 1935.
17. Houssay, B. A., and Biasotti, A.: Acción diabética de diversas hormonas hipofisarias, *Rev. Soc. argent. de biol.*, 14:297-307 (Aug.), 1938.
18. Kepler, E. J., and Boland, E. W.: Diseases of the Endocrine Glands. In: Yater, W. M.: *The Fundamentals* (Continued in Front Advertising Section, Page 5)

\* This paper is in two parts: Part I appeared in the June issue of CALIFORNIA AND WESTERN MEDICINE (page 257); Part II appears in current issue (page 12).

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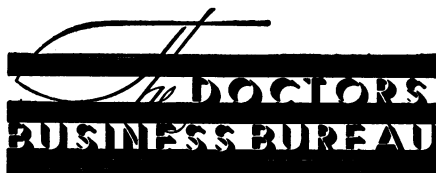
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### ENDOCRINOLOGY: A CRITICAL ANALYSIS

(Continued from Text Page 51)

of Internal Medicine. New York: D. Appleton-Century Company, Inc., pp. 451-509, 1938.

19. Kessel, F. K.: Morbus Cushing; Ein Überblick über Klinik und Kasuistik des basophilen Hypophysenadenoms, *Ergebn. d. inn. Med. u. Kinderh.*, 50:620-678, 1936.

20. Long, C. N. H.: Diabetes mellitus in light of our present knowledge of metabolism (Nathan Lewis Hatfield lecture), *Tr. & Stud., Coll. Physicians, Philadelphia*, 7:21-46 (April), 1939.

21. McQuarrie, Irvine, Johnson, R. M., and Ziegler, M. R.: Plasma electrolyte disturbance in patient with hypercorticoadrenal syndrome contrasted with that found in Addison's disease, *Endocrinology*, 21:762-772 (Nov.), 1937.

22. Osgood, E. E.: Pituitary cachexia? *Endocrinology*, 23:656-660 (Nov.), 1938.

(Continued on Page 7)

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## ENDOCRINOLOGY: A CRITICAL ANALYSIS

(Continued from Page 5)

23. Pencharz, R. I., Hopper, James, Jr., and Rynearson, E. H. (introduced by H. M. Evans): Water metabolism of the rat following removal of the anterior lobe of the hypophysis, *Proc. Soc. Exper. Biol. and Med.*, 34:14-17 (Feb.), 1936.

24. Rasmussen, A. T.: Pituitary gland. In: *Cyclopedia of Medicine, Surgery, and Specialties*. Philadelphia: F. A. Davis Company, pp. 619-637, 1939.

25. Reilly, W. A., and Lissner, Hans: Laurence-Moon-Biedl syndrome, *Endocrinology*, 16:337-357 (July-Aug.), 1932.

26. Richter, C. P.: Experimental diabetes insipidus; its relation to the anterior and posterior lobes of the hypophysis, *Am. J. Physiol.*, 110:439-447 (Dec.), 1934.

27. Rynearson, E. H., and Hodgson, C. H.: Recent advances in knowledge of the anterior lobe of the hypophysis, *Arch. Int. Med.*, 62:160-176 (July), 1938.

28. Severinghaus, Aura E.: The cytology of the pituitary gland. In: *The pituitary gland; an investigation of the most recent advances*. (Published for the Association for Research in Nervous and Mental Disease.) Baltimore: Williams & Wilkins Company, Vol. 17, pp. 69-117, 1938.

29. Shelton, E. K., Cavanaugh, L. A., and Evans, H. M.: Hypophyseal infantilism: treatment with an anterior hypophyseal extract; preliminary study, *Am. J. Dis. Child.*, 47:719-736 (April), 1934.

30. Tilney, Frederick: The glands of brain, with especial reference to the pituitary gland. In: *The pituitary gland; an investigation of the most recent advances*. (Published for the Association for Research in Nervous and Mental

(Continued on Page 9)

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(Continued from Page 7)

Disease.) Baltimore: Williams & Wilkins Company, Vol. 17, pp. 3-47, 1938.

31. Von den Velden, R.: Die Nierenwirkung von Hypophysenextrakten beim Menschen, Berl. klin. Wchnschr., 2:2083-2086 (Nov. 10), 1913.

32. Wislocki, G. B., and King, L. S.: The permeability of the hypophysis and hypothalamus to vital dyes, with a study of the hypophyseal vascular supply, Am. J. Anat., 58:421-472 (March), 1936.

33. Young, F. G.: Experimental investigations on relationship of anterior hypophysis to diabetes mellitus, Proc. Roy. Soc. Med., 31:1305-1316 (Sept.), 1938.

(Continued on Next Page)

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(Continued from Preceding Page)

## PARATHYROID INSUFFICIENCY

1. Albright, Fuller: Note on the management of hypoparathyroidism with dihydrotachysterol, J. A. M. A., 112: 2592-2593 (June 24), 1939.
2. Albright, F., Bloomberg, E., Drake, T., and Sulko-  
witch, H. W.: A comparison of the effects of A. T. 10  
(dihydrotachysterol) and vitamin D on calcium and phos-  
phorus metabolism in hypoparathyroidism, J. Clin. Investi-  
gation, 17:317-329 (May), 1938.
3. Arnold, C. H., and Blum, Henry: The control of  
hypoparathyroidism, West. J. Surg., 44:546-555 (Sept.),  
1936.
4. Boothby, W. M. (discussion by W. I. Lillie): A case  
of parathyroid insufficiency, Proc. Staff Meet., Mayo Clin.,  
7:361-363 (June 22), 1932.
5. Boothby, W. M., Haines, S. F., and Pemberton,  
J. deJ.: Postoperative parathyroid insufficiency, Am. J.  
M. Sc., 181:81-96 (Jan.), 1931.
6. Eaton, L. M., and Haines, S. F.: Parathyroid in-  
sufficiency with symmetrical cerebral calcification, report  
of three cases, in one of which the patient was treated  
with dihydrotachysterol, J. A. M. A., 113:749-753 (Aug.  
26), 1939.
7. Figi, F. A.: Personal communication to S. F. Haines.
8. Holtz, F., Gissel, H., and Rossmann, E. (with the  
assistance of F. Kramer, A. Meesmann, F. Quadfasel, and  
C. Roggenbau): Experimentelle und klinische Studien zur  
Behandlung der postoperativen Tetanie mit A. T. 10,  
Deutsche Ztschr. f. Chir., 242:521-569 (March 22), 1934.
9. MacBryde, C. M.: The treatment of parathyroid  
tetany with dihydrotachysterol, J. A. M. A., 111:304-307  
(July 23), 1938.

10. Searls, H. H.: Parathyroid protection, Am. J. Surg.,  
7:191-193 (Aug.), 1929.

## DISEASES OF THE ADRENAL GLANDS

1. Cutler, H. H., Power, M. H., and Wilder, R. M.:  
Concentrations of chloride, sodium and potassium in urine  
and blood; their diagnostic significance in adrenal in-  
sufficiency, J. A. M. A., 111:117-122 (July 9), 1938.
2. Grollman, Arthur: The Adrenals. Baltimore, Mary-  
land: Williams & Wilkins Company, pp. 410, 1936.
3. Harrop, G. A., Weinstein, Albert, Soffer, L. J., and  
Trescher, J. H.: The diagnosis and treatment of Addison's  
disease, J. A. M. A., 100:1850-1855 (June 10), 1933.
4. Kepler, E. J.: Tumors of the suprarenal cortex,  
basophilic tumors of the pituitary body, and allied diseases.  
In: Cyclopedia of Medicine, Surgery, and Specialties.  
Philadelphia: F. A. Davis Company, pp. 224-256, 1939.
5. Loeb, R. F.: Chemical changes in the blood in Addi-  
son's disease, Science, n. s., 76:420-421 (Nov. 4), 1932.
6. Loeb, R. F.: Effect of sodium chloride in treatment  
of a patient with Addison's disease, Proc. Soc. Exper.  
Biol. and Med., 30:808-812 (March), 1933.
7. Long, C. N. H.: Disturbances of the endocrine bal-  
ance and their relation to diseases of metabolism, Ann.  
Int. Med., 9:1619-1627 (June), 1936.
8. Long, C. N. H.: The interrelationships of the glands  
of internal secretion concerned with metabolism, Am. J.  
M. Sc., 191:741-759 (June), 1936.
9. Long, C. N. H.: Studies on the "diabetogenic" action  
of the anterior pituitary. Cold Spring Harbor Symposium  
on Quantitative Biology, 5:344-356, 1937.
10. Long, C. N. H. (E. G. Fry and K. W. Thompson,  
by invitation): The effect of adrenalectomy and adrenal  
cortical hormones upon pancreatic diabetes in the rat, Am.  
J. Physiol., 123:130-131 (July), 1938.



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11. Long, C. N. H., and Lukens, F. D. W.: Effects of hypophysectomy and adrenalectomy upon pancreatic diabetes, Tr. A. Am. Physicians, 51:123-128, 1936.

12. Long, C. N. H., and Lukens, F. D. W.: The effects of adrenalectomy and hypophysectomy upon experimental diabetes in the cat, J. Exper. Med., 63:465-490 (April), 1936.

13. Thompson, W. O., Thompson, P. K., Taylor, S. G., III, and Hoffman, W. S.: The treatment of Addison's disease with adrenal cortex extract, Endocrinology, 24:774-797 (June), 1939.

14. Thorn, G. W., Garbutt, Helen R., Hitchcock, F. A., and Hartman, F. A.: The effect of cortin on the sodium, potassium, chloride, inorganic phosphorous and total nitrogen balance in normal subjects and in patients with Addison's disease, Endocrinology, 21:202-212 (March), 1937.

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